

Figure 3 44 96 Expense Code -76 Pop-up 92 Initiate SSP Search LMR Bill LMR Bill Pop-up Page (create) Detail Page 94 ICD-9 <u>26</u> Pop-up 98-Service Code Pop-up -78 84 14 DOS Pop-up Page PBAS General Page Bill Initial Bill (create) Detail Page ICD-9 Pop-up 102 -100 -80 Bill Detail Page Bill Submission Search Bill Submission Search Results (search) -+> Page Page Payment Detail Page -82 Void Bill Page 104

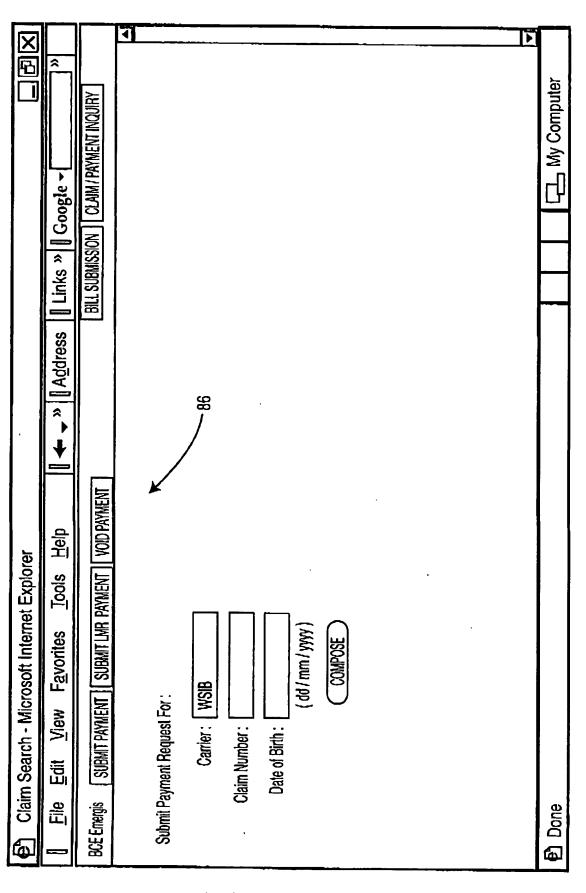


Figure 5A

BCE Emergi	BCE Emergis SUBMIT PAYMENT	ENT] VOID PAYMEN		BILL PAYMENT STATUS		BILL SUE	MISSION	BILL SUBMISSION BILL / PAYMENT INQUIRY	1
Provider Information	nmation	Provider Number	:P111_87	Health Payment Request Confirmation	Confirmation	Invoice Re	Invoice Reference #: 1234 May	vew	
Claim Information	nation :	Claim Number: Patien! Surname : P Patien! Given Name : P		83		Date of Acc	Date of Birth: 02-May-1902 Date of Accident: 02-May-2002	902	
Bill Line flems No.	IS Service Code	Modifier	6-D)	Date of Service	POS	au L	siul.	Charnes	
-	SSCode - 111	Code: 111	Code : 111	03 / 04 / 2002	Code - 115	Haalih	1	© 19 76	
2	SSCode - 111	Code: 111	Code: 111	05 / 04 / 2002	Code : 111	Health		•	
es.	SSCode - 118	Code: 115	Ode: 111	07 / 04 / 2002	Cade: 111	Heallh		\$ 18.74	
**	SSCode - 11f	Code: 118	Cade: 111	09 / 04 / 2002	Code: 111	Health	-	\$ 18.74	
₽Ċ.	SSCode - 111	Code: 111	Code: 111	04/	Code : 111	Health	~	\$ 18.74	
ဖ	SSCode - 111	Code: 111	Code : 1 55	13 / 04 / 2002	Code: 111	Health	_	\$ 18.74	
7	SSCode - 111	Code: 111	Code: 111	15 / 04 / 2002	Code: 111	Health	•	\$ 18.74	
∞	SSCode · 111	Code: 111	Code : 111	94/	Code: 111	Health	—	\$ 18.74	
တ	SSCode - 111	Code: 111	Code: 111	19 / 04 / 2002	Code: 111	Health	88	\$ 18.74	_
\$	SSCode - 111	Code: 111	Code: 111		Code: 111	Health	- I	\$ 18.74	
=	SSCode - 111	Code: 111	Code: 111	04/	Code: 111	Health	_	\$ 18.74	
42	SSCode - 111	Code: 111	Code: 111	25 / 04 / 2002	Code: 111	Health	_	\$ 18.74	
<u>ಕಾ</u>	SSCode - 111	Code: 111	Code: 111	27 / 04 / 2002	Code: 111	Health	_	\$ 18.74	
7	SSCode - 111	Code: 111	Code: 222	03 / 05 / 2002	Code: 111	Health	-		-
<u>হ</u>	SSCode - 111	Code : 111	Code: 222	05/	Code: 111	Health	~ ~		
9	SSCode - 11	Code: 111	Code: 222	07 / 05 / 2002	Code: 111	Health	•	\$ 20.00	
11	SSCode - 111	Code : 111	Code: 222	09 / 05 / 2005	Code: 111	Health	-	\$ 20.00	
∞	SSCode - 111	Code: 111	Code : 222	11 / 05 / 2002	Code: 111	Health	_	\$ 20.00	
6	SSCode - 111	. Code: f11	Code: 222	13 / 05 / 2002	Code: 111	Health	-	\$ 20.00	
;									

Figure 5B

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7	32000G: III	- Sege	777 : apon	2002 / 50 / 51		Health	•	\$ 20.00	_
7	SSCode - 111	Code: 111	Code : 222	17 / 05 / 2002	Code - 155	Hoolth	•	00000	
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77	SSCode · III	Code: 111	Code : 222	19 / 05 / 2002	Code: 111	Health	7-	\$ 20.00	
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e	55Code - 111	Code: 111	Code: 222	27 / 05 / 2002	Code: 111	Health	-	\$ 20.00	
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I hereby ce	ritify that the informati	hereby certify that the information being submitted is true correct and complete.	o workplace salety of the correct and comp	r IIIsuralice coaru. piele.					
			U	SUBMIT	EXIT				
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Figure 6

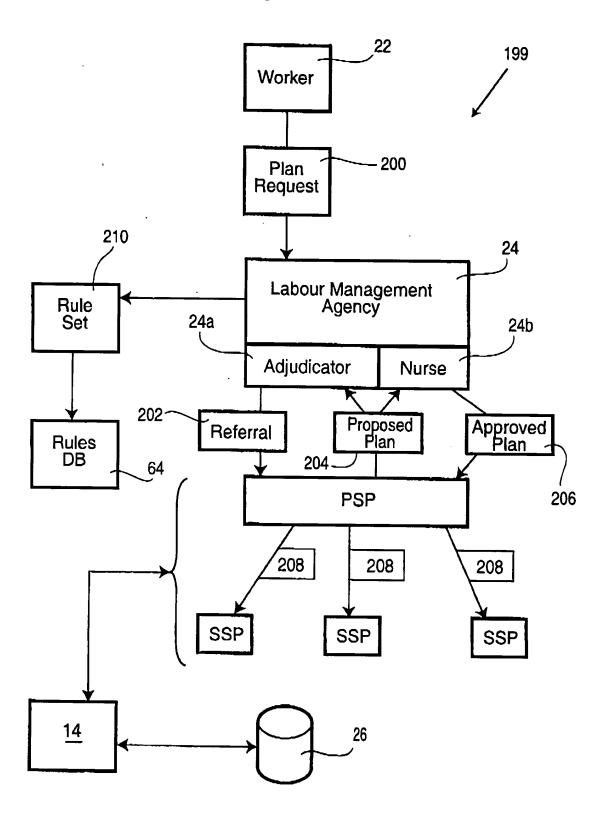


Figure 7 212

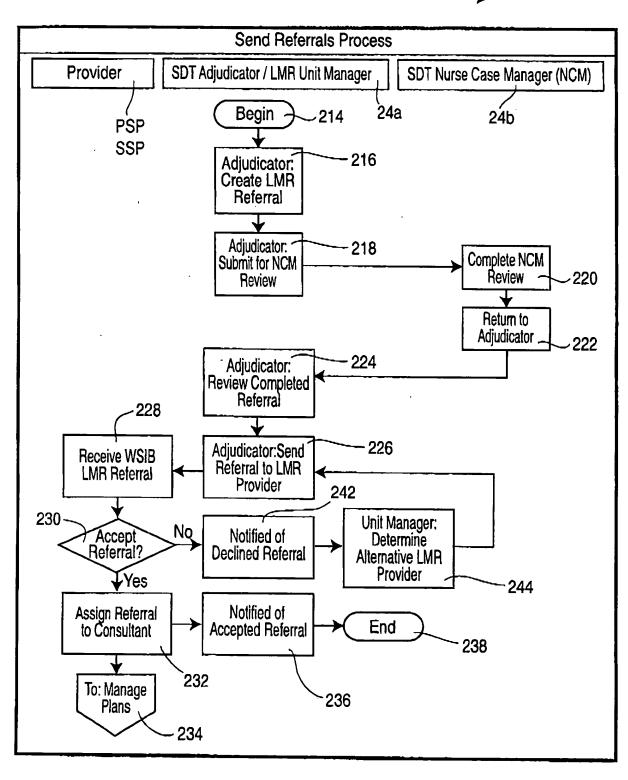
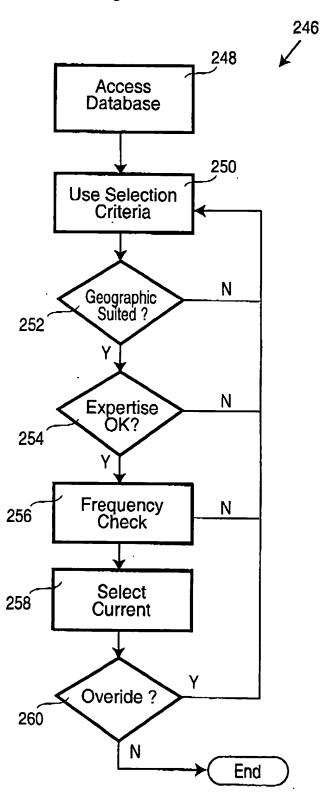
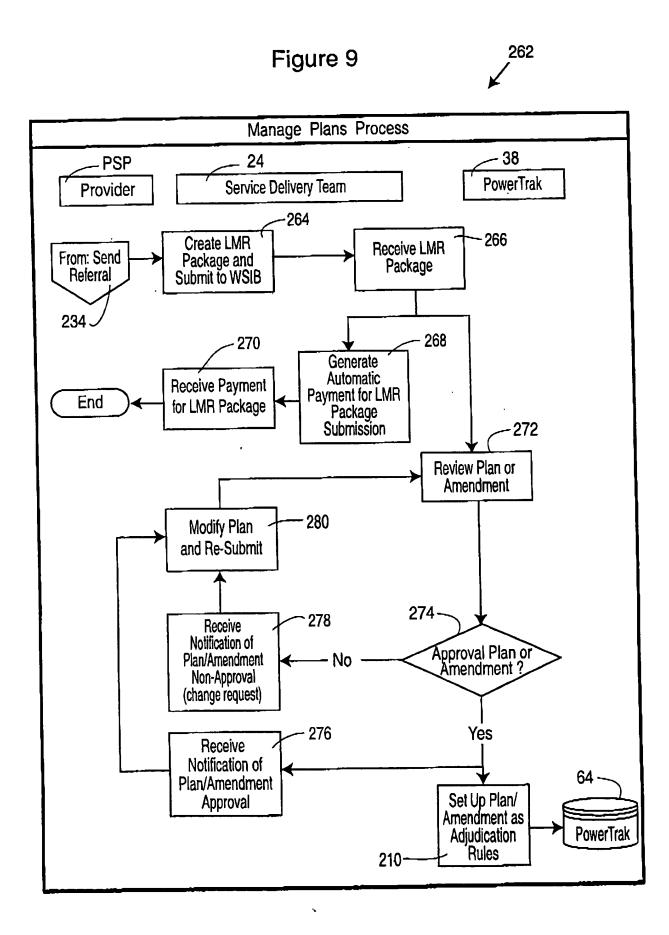


Figure 8





PB	PBAS HONE EXCEPTIONS MANAGEMENT LARPLAN MANAGEMENT CLAIM / PAYMENT MOUNTY
71 —	DETAILS (LMR PROVIDER DETAILS
Referral ID: 1111	Claim #: 1045
Referral Status: Pending	Worker Name (last): Sing
Date Sent:	Worker Name (first): Sarah Date of Accident: 04 / 04 / 2000
	(mm / dd / yyyy)
Address: 77 Sarasota Street	Telephone: 416-555-1234
	Gender: Female Date of Birth: 10 / 06 / 1971
City: Sussex	First Language : English
rosial code. Sto cod	
	% Permanant Disability: 0
Injury / Diagnosis:	%NEL: 5
If Applicable	
Worker's Representative :	Telephone Number:
SAVE SUBMIT	EXIT PRINT VIEW

CLAW / PAYMENT INQUIRY Address: 5090 Explorer Drive City: Mississauga Employment Type: Full time Postal Code: M2J 1K3 PBAS HOME | EXCEPTIONS MANAGEMENT | LNIRPLAN MANAGEMENT Worker Name (first): Sarah Claim #: 1045 Worker Name (last): Sing Weekly WSIB Benefits: 345 Date of Accident: 513 Firm: 111 WSIB Mediation Services Used? If 'Other', Specify: Pre-90 Target Wage: REFERRAL DETAILS (LMR PROVIDER DETAILS) SUBMIT SYEATE UMR REFERRAL | PRETIREVE LIAR REFERRAL | RETRIEVE LIAR PACYAGE CEMPLOYALENT PROFILE PHYSICAL PRECAUTIONS Pre-Injury Job Title: Clerical Supervisor Telephone: 416-223-4444 Contact Person Telephone: | 416-222-4423 Fax: 905-232-1245 Accident Employer: BCE Emergis Contact Person: Peter Wilson SAKE Referral Status: Pending Referral ID: 1111 Pre-Injury NOC: 721 Pre-Injury Hourly Wage: 10 Pre-Injury Hours per Week: 40 Retum to work Negotiations? Date Sent: Date Accepted: Gross Escalated Pre-Accident Earnings:

MENT INQUIRY					<u> </u>									
LIAR PLAN MANAGEMENT { CLAIM / PAYMENT INQUIRY				Standing Fingering	Handling									
LIAR PLAN MANAG		/ 2000				D								
EXCEPTIONS MANAGEMENT	REFERRAL DETAILS (LAMP PROVIDER DETAILS	Claim #: 1045 ne (last): Sing ne (flist): Sarah tocident: 04 / 04 / 2000	that apply	Sitting Crawling	Pulling	Climbing: Select one of the values			-					PRINT VIEW
WE TEXCEPTIX	ILS (LMR PI	Claim #: Worker Name (last): Worker Name (first): Date of Accident: (mm / dd / yyyy)). Check all		Σ	elect one o				i <u>f</u>		NCM Desk:		EXIT
MXXAGE EX		A A	anent Impairments	Pushing Crouching	Bending	Climbing: S	Date Discussed:			movements				SUBMIT)
RETRIEVE LIAR PACKAGE	PHYSICAL PRECAUTIONS		able Perma						}	o repetitive		·		
CREATE LAR REFERRAL) PRIPIEVE LAIP REFERRAL PR	ᅦᅕ	1111 Pending	Activities / Precautions (Related to Compensable Permanent Impairments), Check all that apply	Carrying Kneeling	Psychological	Reaching: Select one of the values	Worker:		ıs:	Pushing / Pulling - not against resistance; no repetitive movements Handling - no heavy weights (i.e. 10kg+)		Betty Boo	Telephone Number: 416-344-2222	SAVE
FERRAL RETRIE	LS CENPLOY	Referral ID: 1111 Referral Status: Pend Date Sent: Date Accepted:	recautions (R			Select one	Precautions discussed with Worker:	ecautions:	Details of above Precautions:	Julling - not ag no heavy weig		NCM Name : B	Number: 4	
CREATE LAR RE	WORKER DETAI	Rei	Activities / P	Lifting Walking	Grípping	Reaching	Precautions	Source of Precautions:	Details of ab	Pushing / Handling -	▼	NC	Telephone	

CREATE LIMP REFERRAL RETRIEVE LIMP REFERRAL Referral Status : Pending Date Sent : Date Sent : Date Accepted : French Services :

PBAS HOME EXCEPTIONS MANAGENIENT LMR PLAN MANAGEMENT CLAIM / PAYMENT INXMIRY	MR PROVIDER DETAILS	Claim #: 1045 Worker Name (last): Sing Worker Name (lirst): Sarah Date of Accident: 04 / 04 / 2000 (mm / dd / yyyy)	Case Manager Tel : Fax :		EXIT PRINT VIEW	
CREATE LAIR REFERRAL RETRIEVE LAIR PROCESSE PRAS HOME EXC	WORKER DETAILS SEMPLOYMENT PROFILE SPHYSICAL PRECAUTIONS SPEFERBAL DETAILS SLAIR PROVIDER DETAILS	Referral ID: 1112 Referral Status: Pending Date Sent: Date Accepted:	Name Provider: nrcs Case Manager Name (last): Case Manager Name (first):	LMR Package Target Due Date: (30 Days After Referral Acceptance) LMR Package Proposed Due Date: Explanation for Due Date Revision:	X3 (SUBMIT) (SUBMIT)	

User Logs Indo System User selects viewledit plan System displays Sields Soc Claim Number, Worker First Name and Worler Last Name User enters Number andor Name User issues Search command System searches and validates claim number System displays results System displays Sields!

WEW NOTIFICATIONS RETRIEVE LUR REFERRAL RETRIEVE	(RETRIEVE LINE PACKAGE
PLAN HEADER PLAN DETAIL ASSESSMENT CEW	VIEW PAYMENTS
Plan ID: 1112_1	Claim #: 1045
Plan Status: Pending	Worker Name (last): Sing
Date Submitted :	Worker Name (first): Sarah
(mm / dd / yyyy)	Date of Birth: 06 / 10 / 1971
Date Approved:	(mm / da / yyyy)
(mm / dd / yyyy)	Date of Accident: 04 / 04 / 2000 (mm / dd / yyyy)
Provider: nrcs	Case Manager Telephone: 905-222-1123
Case Manager (last) : Short	Fax:
Case Manager (last): Fern	
Pre-Injury Noc: 121	Weekly WSIB Benefit Payments: \$
Pre-Injury Job Title: Clerical Supervisors	Gross Escalated Pre Accident Earnings:
Pre-Injury Hourly Wage: \$ 10.00	Pre-90 Target Wage: \$
Pre-Injury Hours per Week: 40.00	
SEB (NOC) Code: [145	SEB Hourly Wage: \$ 8.97
SEB: Library, Corresponden	SEB Hours per Week: 40
Plan Start Date:	Adjudicator Desk: MF001
(mm, do / yyyy) Plan End Date:	Total Plan Cost: \$
(mm / dd / yyyy) SAVE SAVE	EXIT PRINT VIEW

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	PBAS HOME LIME		1045	Sing	Sarah	04 / 04 / 2000	End Date: (mm / dd / yyyy)	04/13/2001	04/13/2001	04/13/2001	04/13/2001	04/13/2001	04/13/2001				
	CKAGE }	VIEW PAYMENTS	Claim #:	Worker Name (last):	Worker Name (first):	ent:	Start Date: (mm / dd / yyyy)	10/23/2000	10/23/2000	10/23/2000	10/23/2000	10/23/2000	10/23/2000		0		
Ligare 17A	M. FRETRIEVE LIMB PACKAGE	CEW					Amount (\$)	10800.00	408.00	300.00	1620.00	102.00	270.00				
	TIONS RETREVE LAR REFERRAL	ASSESSMENT					SSP	nrcs	worker	worker	nres	nrcs	worker	0	0	0	8
	WEW NOTIFICATIONS	DER PLANDETAIL	itus: Pending	Plan Start Date: 23/10/2000 (mm / dd / www)	d Date: 13/04/2001	Total Plan Cost : \$ 27000.00	Expense	LMR-Provider Travel (x)	LMR-Urban Transit	LMR-Supplies - Educal	LMR-Provider Monitorin	LMR-Provider Mileage	LMR-Meals (max.per.clQ	9	0	8	0
		PLANHEADER	Plan Status	Plan St.	Plan End Date:	Total Plan ID · 1	S	 -	2	ო	4	വ	9	7	80	රා	2

Figure 17B

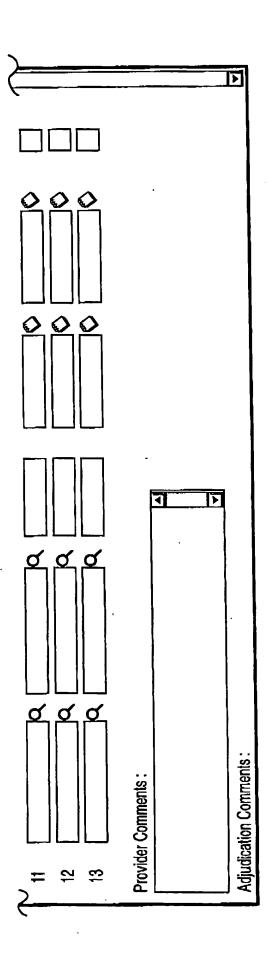


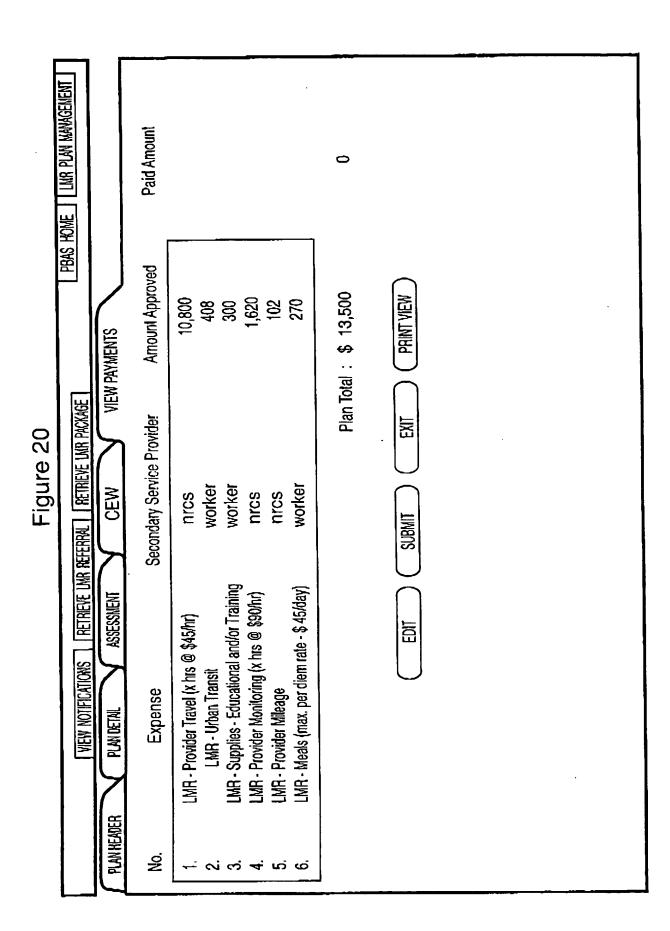
		Figure 18	
WEW NOTIFICATIONS	TIONS RETRIEVE LAR REFERRAL	AL RETRIEVE LAR PACKAGE	PBAS HOME LWR PLAN MANAGEMENT
PLAN HEADER PLAN DETAIL	ASSESSIMENT	CEW VIEW PAYMENTS	
Plan Status:	Pendina	Claim #:	1045
Plan Start Date : (mm / dd / vvvv)	23/10/2000	Worker Name (last):	Sing
Plan End Date: (mm / dd / yyyy)	13/04/2001	Worker Name (first) :	Sarah
Total Plan Cost:	\$ 27000.00	Date of Accident: (mm / dd / yyyy)	04 / 04 / 2000
Level of Assessment: Select one of	one of the values		
Assessment Detail:			
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		[Þ	
Attachments: Browse			
Done			☐ Local Intranet

PRINT VIEW

EXI

SUBMIT

PBAS HORE VIEW PAYMENTS Cost if No LMR: \$ 446,313.17 All Projected LMR Plan Costs: \$ 631,357.04 GRAND TOTAL: \$ 693,637.04 Projected Yearly Benefits: \$ 17,537.7 Projected Weekly Benefits: \$ 337.26 All Projected LMR Plan Costs: \$ 54,000 Projected Benefit Costs During LMR Plan: \$ 8,280 009 \$ I RETRIEVE LINA PACKAGE Years of Projected Benefits After Completion of LMR Plan: 36 Figure 19 Miscellaneous: Travel Related: Assessments / Evaluations: Supplies and Equipment: Provider Related: Education / Training: Support Services: CEW RETRIEVE UNA PREERRAL ASSESSMENT VIEW NOTIFICATIONS PLANDETAL PLANESCE



Labour Management 24 Agency PSP Request for Plan 15. Actuals Report 1322 Determine latest approved plan 1324 Find all paid bills + 326 Align bills with plan 1 328 Display Report 330

Plan Budget vs Actuals Mock-Up

Effective dates: 07/06/2002 to open Case manuscr: Klant Hart Pho	m# 1234: ne: 416-3	44-2508	Service duration	14354 Version 2 Status approved from 01/02/2002 to 0E/24/2005 on Bujtya Phone: 416-344-2506 nr Crawford Location: Windsor Tra	ale Dak:	04/02/2003
Primary provider: Northern Lights	LOCATION:	BUTTLE	It BIBICITED IVE	L Gundid Dotot Par 11 11 11 11 11 11 11 11 11 11 11 11 11		
Code Name	Bodyd		Name	— Effective Dato — Smrt Bad States Flag (mm/ddyyyy)	Actualis	Bahace
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	10.500.00	Windows (EV MEM 1CP	01602002-07402000		\$4,405.00
Service Total 170 LMR -Job Seasch Thining	110,000	2434 Main		07.807.2005 08/24.200 6 hum \$1.400	on \$0.00	\$1,600.00
Service Total	00.00 A 12	Banca, O	NERB1ER	07.00.0.003-08.0 4.0000	20.00	
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		77 889 900	Monta 1000 1000 	un albested	\$100,00	
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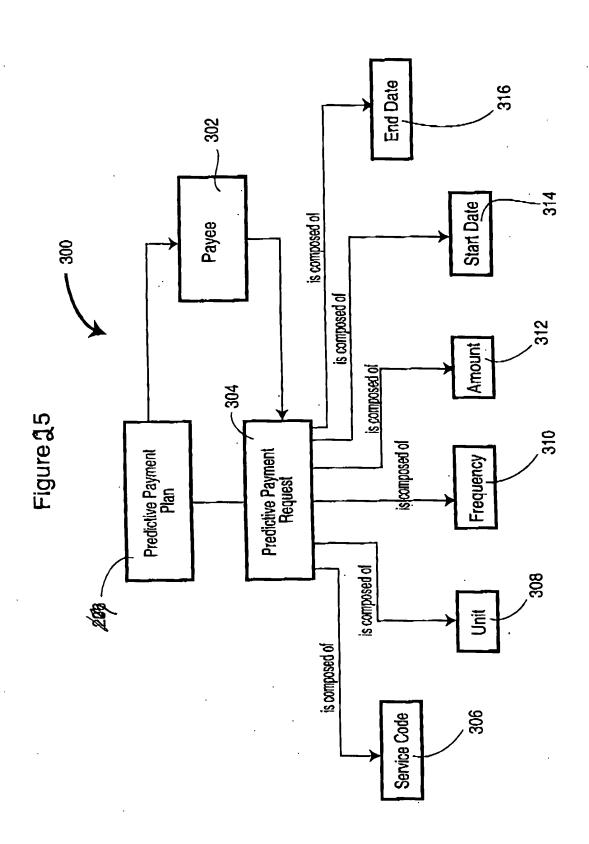
Plan Budget vs Actuals Mock-Up

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ng	Booksor, 29 Sicamore St.			\$1,000.00	\$77.57	
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Plan Budget vs Actuals Mock-Up

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	Budget 3 1,008 00	Budget Code Name Address 77777789 Woder 200 Fron ISL Demots, CN M6V-33 31,008.00 1346779 Corwford 234 Main St. Windon, CN W5W-11 SO00 Provider Code Name Address 777777789 Worker 200 Fron ISL Demots, CN M6 V131 TOTAL Ancess Ress bit	Budget Code Name Shri (mm/ddy) 77777789 Woke 01/02/2002- 200 FrontSt. Torout-, CN MSV-3) 31,008.00 123-6-6779 Cra-bird Windon 23-6-6779 Cra-bird Windon Windon, CN WSW-1 ES SO.00 Provider — Service Code Name Shri Address 777777789 Worker 200 Front St.	Budged Code Name Shri End Shri Address 77777789 Woder 01/02/2002-04/02/2002) part 200 FrontSt. 51,000.00 123-6579 Crowford Wistor 02/19/2002-04/02/2003 part 123-6599 Crowford Wistor 02/19/2002-04/02/2003	Budget Odde Name Shri End State Ban (mm/d#77777) 77777789 Woder 01/02/2002-04/02/2003 pmt \$2.270,00 200 FrontSt.	Budget Code Name Sart End Siete Bas Actuals

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ৰ My Computer Remove Remove Remove Amount Amount Amount Q Q All Payee All Payee All Payee SEARCH PREDICTIVE PLAN Figure 26 Payee Payee Payee Units Unils Units MODIFY PREDICTIVE PLAN Payment End Date Payment End Date Payment End Date Yearly 💌 RATIONALE Yearly Yearly Fred Freq Freq CREATE PREDICTIVE PLAN Payment Start Date 8620-1LA 🗐 Q 8620-11A 1-11Q 8620-1LA 🕙 🗷 PAYMENT DETAILS Payment Start Date Payment Start Date Service Code Service Code Service Code PLAN HEADER Status 1. Pending Status Pending Pending Status Done Done ر ک က



